

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 12 1940

399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9526

State File No.

1002

Registrar's No.

960

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 1200 Rockhurst Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 Years
In this community 37 Years
years, months or days

3. (a) PRINT FULL NAME James Henry Hale 400

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Catherine Condon Hale 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 4 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 24 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Cudahy Packing Company

12. Name Richard Hale 13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Stewart

(b) Address 5529 Michigan

17. (a) Burial March 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.
(c) Date received local registrar Mch 1, 1940
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 Rockhurst Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1940 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Febr 23
19 40, to Febr 28 19 40;
that I last saw h. live on Febr 28 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 8 days
6 days

Due to Venereal Emphysema 6 days
Due to Dilated heart 7 years

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy -----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----
(b) Date of occurrence -----

(c) Where did injury occur? (City or town) (County) (State) -----
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 361

While at work? (Specify type of place) (e) Means of injury -----

23. Signature Dr. Wm. J. Meyer (M. D. or other) -----
Address 220 Angell Bldg. Date signed 3/1/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Owen Krueger
220 Argyle Bldg
11:30-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

George M. Collier

Licensed Embalmer No. *3839*

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.